



STATE OF DELAWARE
DIVISION OF MOTOR VEHICLES
www.dmv.de.gov

APPLICATION FOR MEDICAL WAIVER OF TINTED WINDOW LAW

Waiver must be in registered owners name or usual operator of the vehicle. Waivers are good as long as the individual owns the vehicle or is the usual operator for which the waiver has been approved. When the individual acquires a new vehicle a new waiver form must be completed and certified by a physician.

APPLICANTS NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TAG NUMBER: _____ MAKE & YEAR: _____

SERIAL NUMBER: _____

I am applying for a Medical Waiver of the Tinted Window Law as specified by Delaware Title 21, Chapter 43, Section 4313. I understand that this waiver is only valid for the State of Delaware and must be kept in the vehicle. I certify, under penalty of Law, that the information supplied is true and correct.

SIGNATURE OF APPLICANT: _____

DATE: _____

DOCTOR CERTIFICATION

I certify I am a licensed practitioner of medicine and surgery or osteopathic medicine, or optometry, and that tinted side windows to the immediate right and left of driver are medically

required for _____, for the following reasons:
(Applicant's Name)

DATE: _____

SIGNATURE OF DOCTOR: _____

PRINTED NAME AND ADDRESS OF PHYSICIAN: _____

APPROVED BY: _____
DMV REPRESENTATIVE

* Forward copy of form to DMV Correspondence Section.